

**Request for Public Records**

I request:  to examine  to copy  to receive an electronic copy of the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Daytime Phone Number

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Public Agency \_\_\_\_\_

\_\_\_\_ Initial if Applicable: More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Payment received for \_\_\_\_\_ copies \_\_\_\_\_  
Amount Received

Payment received for \_\_\_\_\_ labor \_\_\_\_\_  
Amount Received

\_\_\_\_\_  
Receipt Number